MINUTES OF THE NINETEENTH MEETING

Palais des Nations, Geneva

Friday, 1 February 1952, at 2.30 p.m.

CONTENTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Report of the Expert Committee on Nursing, second session</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Population problems (continuation)</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Report of the Expert Committee on Environmental Sanitation,</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>second session</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Expert Committee on Mental Health: Report of the $u</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Alcoholism Sub-Committee, second session</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Report of Expert Committee on Maternity Care, first session</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>Report of the Expert Committee on the International</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Pharmacopoeia, ninth session</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Protocol to terminate the Brussels Agreement of 1906 and 1929</td>
<td>24</td>
</tr>
<tr>
<td>8</td>
<td>Sub-committee on Non-proprietary Names of the Expert</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Committee on the International Pharmacopoeia, report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>on third session</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Report on the Expert Committee on Cholera, first session</td>
<td>26</td>
</tr>
</tbody>
</table>
Nineteenth Meeting

Friday, 1 February 1952, at 2.30 p.m.

Present

Professor J. PARISOT, Chairman
Dr. A. L. BRAVO, Vice-Chairman
Dr. J. N. TOGBA, Vice-Chairman
Professor G. ALIVISATOS
Dr. J. ALLWOOD-PAREDES
Dr. C. van den HENG, Alternate to Professor De Laet
Dr. J. BRADY
Professor G. A. CANAPERIA
Dr. S. DAENGSVANG
Dr. C. L. GONZAILEZ
Dr. S. HAYEK
Dr. J. A. HOJER
Dr. F. HURTADO
Dr. M. JAFAR
Dr. W. A. KARABUDA, Rapporteur
Dr. W. A. KARUNARATNE, Rapporteur
Dr. M. MACKENZIE
Dr. R. G. PADUA

Designating Country

France
Chile
Liberia
Greece
El Salvador
Belgium
United States of America
Italy
Thailand
Venezuela
Lebanon
Sweden
Cuba
Pakistan
Turkey
Ceylon
United Kingdom
Philippines

Representatives of other agencies:

UNITED NATIONS

Mr. H. GILLE
Mr. B. PICKARD

Secretary: Dr. Brock CHISHOLM
Director-General
Miss BAGGALLAY, Chief, Nursing Section, presenting, at the request of the CHAIRMAN, the report of the Expert Committee on Nursing on its second session, said the report was concerned chiefly with the provision of nursing services and nursing education in those areas of the world where there was a great scarcity. It defined, with some examples, the function of nurses in the total health team. It suggested some guiding principles for the planning of the immediate and long-term programme for nursing services. It emphasized the balance needed between such planning and the personnel and economic resources of the country and the necessity to relate training to the immediate health needs of the people. It suggested the necessity for selecting in each locality the best recruits available and preparing them for immediate tasks, at the same time providing for further education, either local or elsewhere, for those who proved capable. It recommended the development of a country's nursing services by stages, as the general educational level of the community progressed. It emphasized the need always to attract a certain proportion of the best educated men and women to the profession, in order that they might contribute to the training and supervision of others.

Miss Baggallay drew particular attention to section 3.1.3, page 15, in which the committee had made the important statement that funds for nursing education should be kept separate from those for the nursing services and that governments should consider the possibility of providing financial aid for nursing education from educational sources.
DR. BRAVO said that one of the difficulties in organizing programmes of public health, especially in rural areas, was the scarcity of nurses in many countries, particularly in Latin America. The report presented in a clear manner the basic points of the wide problem, drawing particular attention to the desirability for governments to develop the establishment of nursing schools, to ensure that salaries were adequate and to stimulate young men and women to enter the nursing profession. He proposed that the report should be accepted and published and that it should be brought to the attention of governments.

DR. HAYEK and DR. HOJER supported the proposal.

DR. MACKENZIE considered the statement in the second paragraph, page 18, regarding methods of curriculum planning particularly valuable. He thought the correct procedure under the new arrangements would be for the Board to (1) examine the recommendations contained in the report, and (2) decide on whether it should be published.

Professor CANAPERIA agreed with Dr. Mackenzie and further proposed that the attention of the Health Assembly should be drawn to the recommendation in section 3.1.3.

Professor ALIVISATOS associated himself with the remarks of previous speakers and commented that it would be useful if a method could be found to overcome the reluctance of nurses from rural areas to return to those areas after training.
Dr. KARUNARATNE proposed a resolution to the following effect:

1. The Executive Board
2. NOTES the report of the Expert Committee on Nursing,
3. THANKS the members of the expert committee for their work;
4. AUTHORIZES publication of the report, and

REQUESTS the Director-General to take into account the recommendations in the report in so far as they may be applicable to the implementation of the nursing programme.

A clause might be added transmitting the report to the Health Assembly for information.

Dr. van den BERG, alternate to Professor De Laet, thought that the resolution on economic resources (section 3.1.3) page 15, might constitute an incursion into the internal affairs of a State, since in some countries it might be appropriate to provide funds for nursing education from educational sources and in others from health sources.

Dr. TOGRA suggested that the words "educational sources" might be replaced by "appropriate sources".

Dr. HAYEK interpreted the meaning of "educational sources" in the text of the recommendation to be "sources" appropriated for the education of nurses as distinct from sources appropriated for nursing services in institutions. Such funds could be administered by any government department deemed appropriate in the country.
The DIRECTOR-GENERAL suggested that in the light of the precedent adopted the Board might for publication purposes insert a footnote to the effect that it was recognized that the provision of such sums would be made in ways appropriate to the educational structure of the government concerned.

Dr. MACKENZIE felt that all expert committee reports should be dealt with in the same way: the Board had decided that the whole responsibility for an expert committee's report should lie with the committee concerned. If, therefore, the Director-General was to be asked to take the report into consideration in the implementation of programme, the Board should specify the particular sections that it had in mind.

Dr. KARUNARATNE thought that if the Board accepted the recommendations in the report there could be no objection to asking the Director-General to take them into consideration, particularly as the resolution specified, "in so far as they may be applicable to the implementation of the programme on nursing".

Decision: The Board adopted the resolution proposed by Dr. Karunaratne and the Director-General's suggestion for the addition of a footnote.

2. POPULATION PROBLEMS: Item 11 of the agenda (continuation from eighteenth meeting, section 1)

The CHAIRMAN drew attention to the following joint draft resolution on population problems, drawn up by Professor Canaperia, Dr. Hayek, Professor De Lact and Dr. Mackenzie:
The Executive Board,

With reference to resolution EB8.R56 which deals with population problems,

TAKES NOTE of the documents EB9/16 and EB9/96 and of the statement made to the Board by the United Nations which will be annexed to its report to the Fifth World Health Assembly,

CONFIRMS its satisfaction with the exclusively technical collaboration of WHO with the United Nations, which has been undertaken or is to be undertaken in demographic problems.

Dr. FORREST, Director, Division of Co-ordination of Planning and Liaison, suggested the following amendments:

(1) The addition of the word "representative" after "United Nations" in the first operative paragraph;

(2) The addition of an asterisk after the word "annexed" in the same paragraph, referring to a footnote to the following effect:

"Excerpt from minutes EB9/Min/15",

(3) The title to be changed from "Population Problems" to "Demographic Problems".

Decision: The resolution was adopted as amended by 17 votes to none, with one abstention.

3. REPORT OF THE EXPERT COMMITTEE ON ENVIRONMENTAL SANITATION, SECOND SESSION:
Item 17.3 of the Agenda (document FB9/59)

Mr. CLARK, Acting Director, Division of Environmental Sanitation, presenting, at the request of the Chairman, the report of the Expert Committee on
Environmental Sanitation on its second session, said that the Director-General had requested the committee to devote its attention to the specific problem of the education, training and utilization of personnel for environmental sanitation.

The committee had considered, in the first place, the wide variety of the present systems of sanitary operations in the various countries. It had considered ways in which other members of the health team might help to improve the environment in their own fields, and stressed the necessity for the team approach throughout. Categories of personnel had been defined, together with the qualifications, experience and training for each category. Particular emphasis was laid on the necessity for training voluntary workers and for stimulating the principle of self-help. The expert committee's recommendations took the form of guiding principles to assist WHO and governments in the formulation of their policies for the education, training and utilization of personnel in the field of environmental sanitation.

Dr. HØJER, remarking that the report appeared to be an extremely good one, mentioned that the statement in section 2.9.1 that an attempt should be made to mobilize the interest and resources of the local people by voluntary self-help applied to all countries, not only to under-developed areas.
The CHAIRMAN agreed with Dr. Højer's remark, but said that it did not call for modification of the report.

**Decision:** The Board adopted a resolution authorizing publication of the report of the Expert Committee on Environmental Sanitation on its second session, thanking the members of the expert committee for their work, and transmitting the report to the Health Assembly.

4. **EXPERT COMMITTEE ON MENTAL HEALTH; REPORT OF THE ALCOHOLISM SUB-COMMITTEE, SECOND SESSION:** Item 17.4 of the Agenda (document EB9/23)

Dr. HARGREAVES, Chief, Mental Health Section, presenting, at the request of the CHAIRMAN, the report of the Alcoholism Sub-Committee of the Expert Committee on Mental Health, second session, explained that the chart in Annex B had been printed in English only for the use of the European Seminar on Alcoholism. Should it be decided to publish the report, the French text would be prepared in consultation with the French member of the expert committee.

The report of the expert committee contained, in the first place, a fairly extensive survey of the nature of early out-patient treatment facilities, and the use of disulfiram. Appendix A contained a report of a working group on surveys and statistics on alcoholism, which the Board had authorized when it considered the expert committee's first report. Appendix B contained an analysis by Professor Jellinek of 2,000 cases
of alcohol addiction, illustrating certain points in connexion with classification. The report contained a recommendation (page 12) that WHO should undertake a survey on alcoholism, within the framework of one of the proposed health demonstration areas, in collaboration with the government concerned.

Dr. BRADY wondered whether it would be possible to give in textual form the material contained in appendix B. As an alternative, appendix B might be omitted from the report, since, however useful it might be for teaching purposes, it was not the general practice to include such material in expert committees' reports.

Dr. HARGREAVES said that the material could be rewritten in a continuous text if the Board so desired, although it might be necessary to include a diagram to illustrate points in the text.

Dr. MACKENZIE agreed that the material would be clearer if given in textual form.

In reply to a question by Dr. KARUNARATNE, Dr. JELLINEK, Mental Health Section, said that there was no mention of women in appendix B because it was based entirely on experience with male alcoholics. A
fair amount of material had now been collected on female alcoholics, from which it appeared that the general sequence indicated in the charts applied also to females, although the processes were usually shorter and sometimes so telescoped that some phases were not so clearcut as in the case of males.

In reply to a question by Dr. ALLWOOD-PAREDES, Dr. JÄLLINEK said that the indication "religious need" meant that at about that stage, in the case of about 60% of alcoholics, when their rationalization began to break down, the idea began gradually to develop that they might find support and consolation in religion.

The CHAIRMAN asked whether the Board was prepared to adopt a resolution on the following lines:

The Executive Board,

Having examined the report of the committee of experts on mental health,

1. THANKS the members of the expert committee for their work;

2. AUTHORIZES publication of the report;

3. RECOMMENDS its publication;

4. NOTES the statement in section 5 to the effect that enquiries on alcoholism should be carried out in one of the proposed health demonstration areas;

5. INVITES the Director-General to consider the possibility of carrying out such an enquiry in collaboration with the government concerned.

Decision: The Board unanimously adopted a resolution on the lines suggested, it being understood that appendix B would appear in both the French and English editions rearranged in the form of a continuous text.
Dr. VERHOESTRAETE, Chief, Maternal and Child Health Section, presenting, at the request of the CHAIRMAN, the report of the Expert Committee on Maternity Care on its first session, recalled that the Expert Committee on Maternal and Child Health had examined the problem as a whole. The Third Health Assembly had considered it desirable that the different major aspects of the problem should be studied in detail and had therefore established the Expert Committee on Maternity Care.

The Expert Committee on Maternity Care had considered in the first place that public-health programmes must include both maternal and child care in their plan. It had studied the prenuptial period and the care to be given during the prenatal period, during labour and delivery and after birth. It had stressed the differences existing in different parts of the world and suggested that even the less developed countries had advantages to offer relating to the strong family pattern, the attitude of the women to motherhood and the attitude of the mother towards her child, and that in considering the development of such services in those countries an attempt should be made to safeguard such existing advantages. Finally, the expert committee had discussed the role of the doctor, the midwife, the nurse and the home help in that field. In view of the
importance of having adequate personnel in rural regions, it had recommended the establishment of a mixed committee composed of persons from the panel of nursing exports and from the panel of experts in maternity care to study the training of midwives at all levels.

In reply to a question by Dr. BRADY, Dr. VERHOESTRAETE said that although there was no direct mention of German measles in the report, the expert committee had considered the point. Measures that might be taken to avoid that complication came within the framework of all public-health measures connected with maternity care.

The CHAIRMAN drew attention to document WHO/MCH/39 Corr.1 which had just been distributed and contained a redraft of section 6.4 on family limitation, to be substituted for the present section in the French text.

Dr. VERHOESTRAETE, replying to an observation by Dr. van den Berg, explained that the report had been originally drawn up in English and the expert committee had carefully weighed each word of the section in question. The Secretariat had not been satisfied with the first French translation, which had therefore been redrafted.
With regard to the substance of section 6.4 the expert committee, considering that the matter was not entirely a medical problem, had not wished to discuss the desirability or otherwise of family limitation. It had wished to express the view that if for any reason a government or private persons decided to organize the services in question, free advice should be given by the maternity care service and not as a separate service. It was because the French translation did not convey exactly the idea expressed in this paragraph that the translations had been amended.

Replying to Professor CANAPERIA, Dr. VERHOESTRAETE said that the expert committee had wished to express the idea that the mother should not be forced to limit the family if such was not her desire. Secondly, the postnatal period had been indicated as the best time for offering such advice and instruction because there was a possibility at that time of discussing the problem with the mother and because it was generally the moment when the question of having another child arose.

Dr. HURTADO said that it would have been desirable for the report to contain a special chapter on the influence of communicable diseases on the unborn child, including the specific case of German measles. It would also have been
interesting to include a chapter on agglutination and the Rh. factor. He felt that the report gave a general survey of questions that were already well-known and did not treat new questions of a specific nature.

Dr. DAENGSVANG, referring to the last sentence on page 29, enquired whether the recommendation was that the World Health Organization should undertake the research in collaboration with governments or other specialized agencies.

Dr. VERHOESTRAETE replied that this was the case and that it would obviously be governments that would give information on conditions existing in their countries since the study would be based on such existing conditions. The meaning of the expert committee was that if WHO wished to undertake a study of the influence of existing situations and customs on the organization of the public health structure of the different countries, full consideration should be given to the question of maternity care.

The CHAIRMAN enquired whether the Board wished to recommend that the report should be dealt with in the same way as the other expert committee reports.

Professor CANAPERIA suggested that it might be advisable to await the second report of the expert committee, when the various points that had been raised during the discussion would have been clarified. That was the procedure envisaged by the Standing Committee on Administration and Finance.
The DIRECTOR-GENERAL pointed out that the first session of an expert committee was usually devoted to a general review of the whole problem, more specific points being discussed at later sessions, when competent experts were specially selected to attend. It would seem that such general reports had great value in themselves and it was probable that no other meeting of the expert committee in question would take place for a long time. Unless there was some specific objection to the report it would therefore seem desirable to publish it at the same time as the others, because it would be difficult to explain the reasons for holding it up for perhaps two or three years.

The CHAIRMAN asked for the views of the Board on a resolution on the same lines as for the other expert committee reports, with the addition of a clause requesting the Director-General to bring once more to the attention of governments the recommendation made (in January 1949) by the Expert Committee on Maternal and Child Health, that:

"Governments should be urged to establish and finance an administrative division on maternal and child health, under the direction of a well qualified and experienced specialist, where such a division is not already in existence."

Dr. HURTADO said the prestige of the Organization must be considered. The question of maternity care was new. Was it desirable that WHO should publish a document concerning maternal care which did not mention points that were of the greatest interest today? Was it intended for the use of doctors in general,
for paediatricians, midwives or the general public? It would be very regrettable that scientific organizations and experts in that field should look down on the report. Such points must be discussed in the report and the policy of WHO in that connexion must be defined, otherwise the document would be considered outmoded and poor and of little use to anyone.

Dr. HOJER could not agree with Dr. Hurtado. He considered the document very valuable. It was as well that there was no mention of the consequences of German measles for the foetus, since that question was not clear from the scientific point of view at present. Studies were being undertaken in Sweden and other countries and many other questions required to be solved before WHO could give practical advice on the preventive measures to be taken. Moreover, he considered that many of the matters dealt with in the report were up to date. He therefore proposed that the resolution read by the Chairman should be adopted.

Dr. MACKENZIE thought it would be wise to treat the present report as a preliminary one and to defer publication until a second and fuller report was available.

Dr. HURTADO, supporting Dr. Mackenzie's proposal, said that there was an abundance of statistical data in Latin America which left no doubt about the influence of German measles on the foetus. He cordially invited Dr. Höjer to participate in the International Paediatric Congress which was to take place in
Havana in 1953, where he could discuss the question. He felt strongly that the report was too elementary to be of use to paediatricians and obstetricians in a country with a normal modern development in public hygiene.

Dr. VERHOESTRAETE, while agreeing with Dr. Hurtado, that specific aspects in the realm of clinical medicine were not discussed, explained that the purpose of the expert committee had been merely to define the general rules for maternal care within the framework of health services; it had not aimed at a technical discussion on more specialized problems.

The DIRECTOR-GENERAL said that the list of members of page 4 showed the high standing of the experts concerned. They had been discussing the application of certain principles and it was not the function of such a committee to bring up to date all clinical knowledge on a specific subject. In view of the fact that they had given their services freely and had in most cases done a considerable amount of preparatory work for the session, they would naturally expect their report to be made available to public-health administrations throughout the world. If the report were not given recognition it would be difficult for WHO to call on their services on a future occasion.

Dr. PADUA proposed, in view of the Director-General's explanations, that the report should be published as a preliminary document.
Dr. ALLWOOD-PARDES was in favour of distribution of the report to governments as a guide in the preparation of their health programmes, but did not support its publication forthwith. A number of reports of expert committees required publicity, but, in the particular case at issue, the contents were of an administrative nature drawn up for the guidance of governments.

Dr. HOJER supported Dr. Padua's proposal.

Dr. VERHOESTRAETE, in reply to Dr. Paredes stressed the technical aspect of maternal care within the whole framework of public health. The fact that an expert committee had only given its views on certain administrative aspects did not mean that it was not an expert report.

Dr. GONZALEZ endorsed the views of Dr. Höjer and Dr. Padua, and supported the proposal for the publication of the report. It would be embarrassing for the Organization in its relations with the expert committee if its report were given different treatment to that of others. He recalled that a number of reports on first sessions of expert committees had been devoted to a general study of the particular problem at issue and administrative standards had been formulated which had later proved to be of great importance. For example the first report of the Expert Committee on Environmental Sanitation had been criticized as being too vague and lacking in specific recommendations. It had later been published and, in his own country at least, had been of great use to the health administration.
Dr. MACKENZIE withdrew his proposal that the report should not be published. He quoted the recommendation of the Standing Committee on Administration and Finance in connexion with the publication of expert committee reports in the Technical Report Series, namely that "the Board, in its consideration of the report of an expert committee, shall in future consider - quite apart from the question of its value in guiding the technical policies of the Organization and of Member Governments - the ends served by its publication in the Technical Report Series, with special reference to the general purpose and character of the report, the people to whom its recommendations are addressed, and its potential purchasers". Was the Board always under an obligation to publish a report for fear of hurting experts?

The DIRECTOR-GENERAL said that since the first report of an expert committee normally consisted of a general look at the field with which it was concerned, it would hardly seem appropriate that publication of the report should be postponed until certain specific aspects had been studied. Such an attitude might well result in successive postponements pending additional reports on other specific matters. It seemed to him that it should be published.

The CHAIRMAN summarised the discussion. Some members were opposed to printing, others were in favour of distribution to governments, a third group considered that the report should be labelled as preliminary but nevertheless published. The Director-General had outlined the necessity of printing the report because of future meetings of the Expert Committee to discuss more precise questions.

**Decision:** The Board agreed by 11 affirmative votes that the report should be published as a preliminary one.
M. BLANC, Chief, Pharmaceutical Section, Division of Therapeutic Substances, introduced the report of the ninth session of the Expert Committee on the International Pharmacopoeia. He said that the first volume of the Pharmacopoeia Internationalis, published simultaneously in English and French, had been circulated to all Member States, together with a statement showing the position of the International Pharmacopoeia vis-a-vis the national pharmacopoeia where such existed, and its possible position in countries where no national pharmacopoeia was yet in existence.

He drew attention to the recommendation in section 10.2, which would serve as a basis for continued negotiations with the International Union for the Protection of Industrial Property on measures to be taken for the protection of international non-proprietary names.

Another recommendation in the report concerned the termination of the Brussels Agreements and its replacement by a Protocol annexed to the report. Modifications to the draft Protocol were contained in document EB9/74 Add.1.

Page 12 of the report set forth the expert committee's proposals for the holding of a meeting on the control of pharmaceutical preparations to replace, for budgetary reasons, the large conference originally contemplated.

Dr. BRADY approved the proposals of the expert committee. He asked the Secretariat to keep Member States informed about the adoption by any country of the Pharmacopoeia Internationalis as a national pharmacopoeia.
Commenting on section 4.6, concerning new methods of analysis, he suggested that further consideration should be given to the matter in view of the legal implications which might arise because of the selection of several alternative methods.

Professor CANAPÉRIA made two points:

(1) Referring to section 4.3, he agreed that it was desirable that biological preparations of human blood should be included in the Pharmacopoea Internationalis.

(2) Section 4.4: a study should be made to determine the criteria for the standardization of surgical suture materials.

Dr. GONZALEZ asked for some indication as to when the Spanish translation of the Pharmacopoea Internationalis would be published.

M. BLANC, replying to the various questions raised, said:

(1) It was too early to indicate which countries were likely to adopt the Pharmacopoea Internationalis, although there were already indications that a number were going to do so and there was every reason to expect that a large number of countries would adopt its provisions.

(2) In regard to the legal implications which might arise between two different methods of analysis for the same blood, he observed that the Pharmacopoea Internationalis had not been presented in the form of regulations but as a recommendation that its provisions should be included in national pharmacopoeias.

(3) In regard to preparations of human blood, co-operation was already established with the Expert Committee on Biological Standardization to determine which preparations should be included in the Pharmacopoea Internationalis.
(4) A report on suture materials would be submitted to the next session of the expert committee.

(5) As to the date of publication of the Spanish edition, the delay had been due to budgetary and other reasons. It was hoped to print the first edition shortly, and the second edition immediately after the publication of the French and English version.

The CHAIRMAN read the following resolution:

The Executive Board,

Considering resolution EB8.R41 concerning the protection of international non-proprietary names for drugs;

Noting that the Director-General has consulted with the Director of the International Union for the Protection of Industrial Property concerning the eventual amendment of Article 6 ter of the Convention signed in Paris on 20 March 1883, revised at Brussels on 14 December 1900, Washington 2 June 1911, the Hague 6 November 1925 and London 2 June 1934;

Considering that the said International Union for the Protection of Industrial Property is the competent intergovernmental international organization in the matter of the protection of trade and related names;

RECOMMENDS that the Director-General, in co-operation with the International Union for the Protection of Industrial Property, continue to develop measures for the legal protection in all countries of non-proprietary names for drugs adopted by the World Health Organization in order that such measures may be put into effect at such time as the Union Convention is revised.

Decision: The Board adopted the above resolution, expressing its appreciation of the work of the Expert Committee on the International Pharmacopoeia, and authorized publication of the report of the ninth session.
7. PROTOCOL TO TERMINATE THE BRUSSELS AGREEMENTS OF 1906 AND 1929:
Item 17.6.2 of the Agenda (document EB9/74 Add.1)

Dr. KARABUDA introduced the following draft resolution:

The Executive Board,

Considering paragraph 3 of resolution EB8.R40 requesting the Director-General to prepare regulations, to be adopted in accordance with Article 21 (d) of the Constitution of the World Health Organization, in which the International Pharmacopoeia would be embodied and which would replace the 1929 Brussels Agreement;

Being of the opinion that termination of the Brussels Agreements of 1906 and 1929 would suffice for the time being, the International Pharmacopoeia consequently retaining its present status as a recommendation by the World Health Assembly;

REQUESTS the Director-General to take the steps necessary to conclude, between the States concerned, a Protocol to terminate the Brussels Agreement for the unification of pharmacopoeial formulas for potent drugs.

Decision: The Board adopted the above resolution.


BLANC drew attention to the recommendations of the Sub-Committee on Non-Proprietary Names concerning: (1) the preliminary protection of international non-proprietary names for a period of six months and (2) the introduction and selection of international non-proprietary names. In regard to (1), it was necessary to request the International Union for the Protection of Industrial Property to take steps to ensure that protection would be granted for a period of six months to the names selected by the sub-committee at its second session,
pending a search to make sure that the names chosen would not be in conflict with trade-marks registered with the International Union.

The second recommendation concerned arrangements to be made by Member States in connexion with common names to be replaced by selected WHO names.

The CHAIRMAN read the two following resolutions:

**International Non-Proprietary Names and Conflicting Trade-Marks**

The Executive Board,

Considering that it is desirable that the International Non-Proprietary Names selected by the World Health Organization should not conflict with trade-marks deposited or registered throughout the world,

RECOMMENDS that the Director-General, in his discussions with the International Union for the Protection of Industrial Property on the protection of non-proprietary names for drugs, propose that arrangements be made for preventing these names being registered as trade-marks in any country signatory to the Union Convention signed at Paris, 20 March, 1883, revised at Brussels, 14 December, 1900, at Washington, 2 June 1911, at The Hague, 6 November 1925, and at London, 2 June 1934, for a period of six months after they have been sent to the Member States, and that a search be instituted during this period, through the International Union for the Protection of Industrial Property and other appropriate means, to ascertain that names selected as international non-proprietary names do not conflict with existing trade-marks.

**Non-Proprietary Names for Drugs**

The Executive Board,

Considering that until an international non-proprietary name has been adopted by Member States as the only official non-proprietary name for a given drug in the country, there will be in existence in some cases, besides the international non-proprietary name, the non-proprietary name chosen by the pharmacopoeia commission or other similar authority in the country;

Considering it desirable that this source of confusion should be eliminated so that there is only one official non-proprietary name for a drug existing in a country;

Having in mind resolution WHA 3.11 of the Third World Health Assembly,
1. **RECOMMENDS** that Member States replace the names chosen by the pharmacopoeia commission or other similar authority by the international non-proprietary name selected by the World Health Organization;

2. **FURTHER RECOMMENDS** that the World Health Organization request national pharmacopoeia commissions and other bodies, prior to their taking a decision on non-proprietary names for new drugs moving in international commerce thereon, to communicate their suggestions for such names to the World Health Organization for transmission to the Sub-Committee on Non-Proprietary Names, without prejudice to the eventual selection of a name by the Sub-Committee.

**Decision:** The Board expressed its appreciation of the work of the Sub-Committee on Non-Proprietary Names, adopted the above two draft resolutions, and authorized publication of the report of the Sub-Committee (WHO/Pharm/176)

9. **REPORT OF THE EXPERT COMMITTEE ON CHOLERA, FIRST SESSION: Item 17.7 of the Agenda (document EB9/68)**

Dr. BIRAUD, Director, Division of Epidemiological Services, explained that the report submitted in document WHO/Cholera/24 concerned a session held in November 1951 in conjunction with the Cholera Consultative Committee of the Indian Medical Research Council. The report was essentially a technical one and had no immediate administrative or financial implications for WHO. The recommendations of the Expert Committee on Cholera were summarized in document EB9/68. In regard to the need for further studies on the serology of *Vibrio cholerae*, he explained that the question was of some importance in connexion with quarantine measures. On the completion of the studies in question, practical suggestions in this connexion would be submitted for the Board's consideration.
He indicated that a vibrio reference library was being established in India to serve as a centre for specialized research and investigation which might make a useful contribution to the advancement of knowledge in the field of cholera. The only immediate contribution from WHO would be fellowships to be granted to research officers from different countries for training in that laboratory.

The recommendation to reorient cholera control programmes through improvements in environmental sanitation might contribute towards the improvement of cholera endemic areas. Lastly, the expert committee had drawn attention to the need for further studies on cholera endemicity in particular on the role of the fish, the distribution and biology of which appeared to be related to some extent to the spread of cholera.

Professor ALIVISATOS was of the opinion that a thorough study should be made of cholera phages, in order to determine their role from the epidemiological (purification of rivers, periodic change in vibrio-infectivity, etc.), bacteriological, physiological and serological points of view.

Dr. BIRAUD said that studies on the cholera phages referred to by Dr. Alivisatos were already actively pursued in India and would be continued with the sponsorship and help of the Indian Medical Research Council.

Dr. PADUA asked whether the expert committee had considered the relative values of different vaccine preparations.
Dr. BIRAUD said that the expert committee had recommended the field use of General Sokhey's vaccine prepared with casein-hydrolysate which had given excellent results in animals. There had been no other recommendations on the point. He recalled that the question of the standardization of anticholera vaccine had been discussed by the Expert Committee on Biological Standardization, the conclusions being that cholera vaccines could not be standardized at the present stage: for instance, owing to differences in the size and antigenic properties of the various strains of the vibrio, standardization could not be based on number of germs or opacity tests. It would appear that the vaccine developed and tested on animals by General Sokhey would, when observations on the protection conferred by the vaccine on humans in endemic countries were completed, provide the most useful method of immunization yet known.

Decision: The Board expressed its appreciation of the work of the Expert Committee on Cholera and authorized publication of the report on its first session.

The meeting rose at 5.30 p.m.
PROVISIONAL MINUTES OF THE NINETEENTH MEETING

Palais des Nations, Geneva

Friday, 1 February 1952, at 2.30 p.m.

CONTENTS

1. Report of the Expert Committee on Nursing, second session
2. Population problems (continuation)
3. Report of the Expert Committee on Environmental Sanitation, second session
4. Expert Committee on Mental Health: Report of the Sub-Committee on Alcoholism, second session
5. Report of Expert Committee on Maternity Care, first session
7. Protocol to terminate the Brussels Agreement of 1906 and 1929
8. Expert Committee on the International Pharmacopoeia: report of the Sub-committee on Non-proprietary Names, third session
9. Report of the Expert Committee on Cholera, first session

Note: Corrections to these provisional minutes should reach the Editor, Official Records Unit, Division of Editorial and Reference Services, World Health Organization, Palais des Nations, Geneva, Switzerland, before 15 March 1952.
Nineteenth Meeting

Friday, 1 February 1952, at 2.30 p.m.

Present

Professor J. PARISOT, Chairman
Dr. A.L. BRAVO, Vice-Chairman
Professor G. ALIVISATOS
Dr. J. ALLWOOD-PAREDES
Dr. C. van den BERG, Alternate to Professor De Laet
Dr. W.A. KARABUDA
Dr. W.A. KARUNARATNE
Dr. J. BRADY
Professor G.A. CANAPIERIA
Dr. S. DAEKSVANG
Dr. G.L. GONZALEZ
Dr. S. HAYEK
Dr. J.A. HOJER
Dr. F. HURTADO
Dr. M. JAFAR
Dr. M. MACKENZIE
Dr. R.G. PADUA

Representatives of other agencies:

UNITED NATIONS

Designating Country

France
Chile
Greece
El Salvador
Belgium
Turkey
Ceylon
United States of America
Italy
Thailand
Venezuela
Lebanon
Sweden
Cuba
Pakistan
United Kingdom
Philippines

Mr. C. GILLE
Mr. B. PICKARD

Secretary: Dr. Brock CHISHOLM
Director-General
Miss BAGGALLAY, Chief, Nursing Section, presenting, at the request of the CHAIRMAN, the report of the Expert Committee on Nursing on its second session, said the report was concerned chiefly with the provision of nursing services and nursing education in those areas of the world where there was a great scarcity. It defined, with some examples, the function of nursing in the total health team. It suggested some guiding principles for the planning of the immediate and long-term programme for nursing services. It emphasized the balance needed between such planning and the personnel and economic resources of the country and the necessity to relate training to the immediate health needs of the people. It suggested the necessity to select in each locality the best recruits available and to prepare them for immediate tasks, at the same time providing for further education, either local or elsewhere, for those who proved capable. It recommended the development of a country's nursing services by stages, as the general educational level of the community progressed. It emphasized the necessity always to attract a certain proportion of the best educated men and women to the profession, in order that they might contribute to the training and supervision of others.

Miss Baggallay drew particular attention to section 3.1.3, page 15, in which the committee had made the important statement that nursing education should be differentiated from the nursing services and that governments should consider the possibility of providing financial aid for nursing education.
Dr. BRAVO said that one of the difficulties in organizing programmes of public health, especially in rural areas, was the scarcity of nurses in many countries, particularly in Latin America. The report presented in a clear manner the basic points of the wide problem, drawing particular attention to the desirability for governments to develop the establishment of nursing schools, to ensure that salaries were adequate and to stimulate young men and women to enter the nursing profession. He proposed that the report should be accepted and published and that it should be brought to the attention of governments.

Dr. HAYEK and Dr. HOJER supported the proposal.

Dr. MACKENZIE considered the statement in the second paragraph, page 18, regarding methods of curriculum planning particularly valuable. He thought the correct procedure under the new arrangements would be for the Board to examine the recommendations contained in the report and then decide on whether it should be published.

Professor CANAPERIA agreed with Dr. MacKenzie and further proposed that the attention of the Health Assembly should be drawn to the recommendation in section 3.1.3.

Professor ALIVISATOS associated himself with the remarks of previous speakers and remarked that it would be useful if a method could be found to overcome the reluctance of nurses from rural areas to return to those areas after training.
Dr. KARUNARATNE proposed a resolution to the following effect:

The Executive Board
NOTES the report of the Expert Committee on Nursing;
THANKS the members of the Expert Committee for their work;
AUTHORIZED publication of the report; and
REQUESTS the Director-General to take into account the recommendations in the report so far as they may be applicable to the implementation of the nursing programme.

A clause might be added transmitting the report to the Health Assembly for information.

Dr. van den BERG, alternate to Professor De Laet, thought that the resolution on economic resources (section 3.1.3) page 15, might constitute an incursion into the internal affairs of a State, since in some countries it might be appropriate to provide funds for nursing education from educational sources and in others from health sources.

Dr. TOGBA suggested that the words "educational sources" might be replaced by "appropriate sources".

Dr. HAYEK interpreted the meaning of "educational sources" in the text of the recommendation to be "sources" appropriated for the education of nurses as distinct from sources appropriated for nursing services in institutions. Such funds could be administered by any government department deemed appropriate in the country.
The DIRECTOR-GENERAL suggested that in the light of the precedent adopted the Board might for publication purposes insert a footnote to the effect that it was recognized that the provision of such sums would be made in ways appropriate to the educational structure of the government concerned.

Dr. MACKENZIE felt that all expert committee reports should be dealt with in the same way; the Board had decided that the whole responsibility for an expert committee's report should lie with the committee concerned. If, therefore, the Director-General was to be asked to take the report into consideration in the implementation of programme, the Board should specify the particular sections that it had in mind.

Dr. KARUNARATNE thought that if the Board accepted the recommendations in the report there could be no objection to asking the Director-General to take them into consideration, particularly as the resolution specified, "in so far as they may be applicable to the implementation of the programme on nursing."

Decision: The Board adopted the resolution proposed by Dr. Karunaratne as amended by the addition of the footnote suggested by the Director-General.

2. POPULATION PROBLEMS (continuation): Item 11 of the agenda

The CHAIRMAN drew attention to the following joint draft resolution on population problems, drawn up by Professor Canaporia, Dr. Hayek, Professor De Laet and Dr. Mackenzie:
The Executive Board,

With reference to resolution EB8/R56 which deals with demographic problems,

TAKES NOTE of the documents EB9/16 and EB9/96 and of the statement made to the Board by the United Nations which will be annexed to its report to the Fifth World Health Assembly,

CONFIRMS its satisfaction with the exclusively technical collaboration of WHO with the United Nations, which has been undertaken or is to be undertaken in demographic problems.

Dr. FORREST, Director, Division of Co-ordination of Planning and Liaison, suggested the following amendments:

(1) The addition of the word "representative" after "United Nations" in the first operative paragraph;

(2) The addition of an asterisk after the word "annexed" in the same paragraph, referring to a footnote to the following effect:

"Excerpt from minutes EB9/Min/15",

(3) The title to be changed from "Population Problems" to "Demographic Problems".

Decision: The resolution was adopted as amended by 17 votes to none, with one abstention.

3. REPORT OF THE EXPERT COMMITTEE ON ENVIRONMENTAL SANITATION, SECOND SESSION: Item 17.3 of the agenda (document EB9/59)

Mr. CLARK, Acting Director, Division of Environmental Sanitation, presenting, at the request of the Chairman, the report of the Expert Committee on
Environmental Sanitation on its second session, said that the Director-General had requested the committee to devote its attention to the specific problem of the education, training and utilization of personnel for environmental sanitation.

The committee had considered, in the first place, the wide variety of the present systems of sanitary operations in the various countries. It had considered ways in which other members of the team might help to improve the environment in their own fields, and stressed the necessity for the team approach throughout. Categories of personnel had been defined, together with the qualifications, experience and training for each category. Particular emphasis was laid on the necessity for training voluntary workers and for stimulating the principle of self-help. The expert committee's recommendations took the form of guiding principles to assist WHO and governments in the formulation of their policies for the education, training and utilization of personnel in the field of environmental sanitation.

Dr. HOJER, remarking that the report appeared to be an extremely good one, mentioned that the statement in section 2.9.1 that an attempt should be made to mobilize the interest and resources of the local people by voluntary self-help applied to all countries, not only to under-developed areas.
The CHAIRMAN agreed with Dr. Höjer's remark, but said that it did not call for modification of the report.

**Decision:** The Board adopted a resolution authorizing publication of the report of the Expert Committee on Environmental Sanitation, second session, thanking the members of the Expert Committee for their work, and transmitting the report to the Health Assembly.

4. **EXPERT COMMITTEE ON MENTAL HEALTH; REPORT OF THE SUB-COMMITTEE ON ALCOHOLISM, SECOND SESSION: Item 17.4 of the agenda (document EB9/23)**

Dr. HARGREAVES, Chief, Mental Health Section, presenting, at the request of the CHAIRMAN, the report of the Expert Committee on Mental Health, second session, explained that the chart in Annex B had been printed in English only for the use of the European Seminar on Alcoholism. Should it be decided to publish the report, the French text would be prepared in consultation with the French member of the expert committee.

The report of the expert committee contained, in the first place, a fairly extensive survey of the nature of early out-patient treatment facilities, and the use of disulfiram. Appendix A contained a report of a working group on surveys and statistics on alcoholism, which the Board had authorized when it considered the expert committee's first report. Appendix B contained an analysis by Professor Jellinek of 2,000 cases
of alcohol addiction, illustrating certain points in connexion with classification. The report contained a recommendation (page 12) that WHO should undertake all surveys on alcoholism on the request of governments, within the framework of one of the proposed health demonstration areas.

Dr. BRADY wondered whether it would be possible to give in textual form the material contained in appendix B. As an alternative appendix B might be omitted from the report, since, however useful it might be for teaching purposes, it was not the general practice to include such material in expert committees' reports.

Dr. HARGREAVES said that the material could be rewritten in a continuous text if the Board so desired, although it might be necessary to include a diagram to illustrate points in the text.

Dr. MACKENZIE agreed that the material would be clearer if given in textual form.

In reply to a question by Dr. KARUNARATNE, Dr. JELLINEK, Mental Health Section, said that there was no mention of women in appendix B because it was based entirely on experience with male alcoholics.
A fair amount of material had now been collected on female alcoholics, from which it appeared that the general sequence indicated in the charts applied also to females, although the processes were usually shorter and sometimes so telescoped that some phases were not so clear-cut as in the case of males.

In reply to a question by Dr. ALLWOOD-PAREDES, Dr. JELLINEK said that the indication "religious need" meant that at about that stage, in the case of about 60% of alcoholics, when their rationalization began to break down, the idea began gradually to develop that they might find support and consolation in religion.

The CHAIRMAN asked whether the Board was prepared to adopt a resolution on the following lines:

The Executive Board,

Having examined the report of the committee of experts on mental health,

1. THANKS the members of the expert committee for their work;

2. AUTHORIZES publication of the report;

3. RECOMMENDS its publication;

4. NOTES the statement in section 5 to the effect that enquiries on alcoholism should be carried out in one of the proposed health demonstration areas;

5. INVITES the Director-General to consider the possibility of carrying out such an enquiry in collaboration with the government concerned.

Decision: The Board unanimously adopted a resolution on the lines suggested, it being understood that appendix B would appear in both the French and English editions rearranged in the form of a continuous text.
Dr. VERHOESTRAETE, Chief, Maternal and Child Health Section, presenting, at the request of the CHAIRMAN, the report of the Expert Committee on Maternity Care on its first session, recalled that the Expert Committee on Maternal and Child Health had examined the problem as a whole. The Third Health Assembly had considered it desirable that the different major aspects of the problem should be studied in detail and had therefore established the Expert Committee on Maternity Care.

The Expert Committee on Maternity Care had considered in the first place that public-health programmes must include both maternal and child care in their plan. It had studied the prenuptial period and care to be given during the prenatal period, during labour and delivery and after birth. It had stressed the differences existing in different parts of the world and suggested that even the less developed countries had advantages to offer relating to the strong family pattern, the attitude of the women to motherhood and the attitude of the mother towards her child, and that in considering the development of such services in those countries an attempt should be made to safeguard such existing advantages. Finally, the expert committee had discussed the role of the doctor, the midwife, the nurse and the home help in that field. In view of the
importance of having adequate personnel in rural regions it had recommended the establishment of a mixed committee composed of persons from the panel of nursing experts and from the panel of experts in maternity care to study the training of midwives at all levels.

In reply to a question by Dr. BRADY, Dr. VERHOESTRAETE said that although there was no direct mention of German measles in the report, the expert committee had considered the point. Measures that might be taken to avoid that complication came within the framework of all public-health measures connected with maternity care.

The CHAIRMAN drew attention to document WHO/MCH/39 Corr.1 which had just been distributed and contained a redraft of section 6.4 on family limitation, to be substituted for the present section in the French text.

Dr. VERHOESTRAETE, replying to an observation by Dr. van den Berg, explained that the report had been originally drawn up in English and the expert committee had carefully weighed each word of the section in question. The Secretariat had not been satisfied with the first French translation, which had therefore been redrafted.
With regard to the substance of section 6.4 the expert committee, considering that the matter was not entirely a medical problem, had not wished to discuss the desirability or otherwise of family limitation. It had wished to express the view that if for any reason a government or private persons decided to organize the services in question, free advice should be given by the maternity care service and not as a separate service. It was because the French translation did not convey exactly the idea expressed in this paragraph that the translations had been amended.

Replying to Professor CANAPERIA, Dr. VERHOESTRAETE said that the expert committee had wished to express the idea that the mother should not be forced to limit the family if such was not her desire. Secondly, the postnatal period had been indicated as the best time for offering such advice and instruction because there was a possibility at that time of discussing the problem with the mother and because it was generally the moment when the question of having another child arose.

Dr. HURTADO said that it would have been desirable for the report to contain a special chapter on the influence of communicable diseases on the unborn child, including the specific case of German measles. It would also have been
interesting to include a chapter on agglutination and Rh. He felt that the report gave a general survey of questions that were already well-known and did not treat new questions of a specific nature.

Dr. DAENGSVANG, referring to the last sentence on page 29, enquired whether the recommendation was that the World Health Organization should undertake the research in collaboration with governments or other specialized agencies.

Dr. VERHOESTRAETE replied that this was the case and that it would obviously be governments that would give information on conditions existing in their countries since the study would be based on such existing conditions. The meaning of the expert committee was that if WHO wished to undertake a study of the influence of existing situations and customs on the organization of the public health structure of the different countries, full consideration should be given to the question of maternity care.

The CHAIRMAN enquired whether the Board wished to recommend that the report should be dealt with in the same way as the other expert committee reports.

Professor CANAPERTA suggested that it might be advisable to await the second report of the expert committee, when the various points that had been raised during the discussion would have been clarified. That was the procedure envisaged by the Standing Committee on Administration and Finance.
The DIRECTOR-GENERAL pointed out that the first session of an expert committee was usually devoted to a general review of the whole problem, more specific points being discussed at later sessions, when competent experts were specially selected to attend. It would seem that such general reports had great value in themselves and it was probable that no other meeting of the expert committee in question would take place for a long time. Unless there was some specific objection to the report it would therefore seem desirable to publish it at the same time as the others, because it would be difficult to explain the reasons for holding it up for perhaps two or three years.

The CHAIRMAN asked for the views of the Board on a resolution on the same lines as for the other expert committee reports, with the addition of a clause requesting the Director-General to bring once more to the attention of governments the recommendation made (in January 1949) by the Expert Committee on Maternal and Child Health, that:

"governments should be urged to establish and finance an administrative division on maternal and child health, under the direction of a well qualified and experienced specialist, where such a division is not already in existence".

Dr. HURTADO said the prestige of the Organization must be considered. The question of maternity care was new. Was it desirable that WHO should publish a document concerning maternal care which did not mention points that were of the greatest interest today? Was it intended for the use of doctors in general,
for paediatricians, midwives or the general public? It would be very
regrettable that scientific organizations and experts in that field should look
down on the report. Such points must be discussed in the report and the policy
of WHO in that connexion must be defined, otherwise the document would be
considered outmoded and poor and of little use to anyone.

Dr. HOJER could not agree with Dr. Hurtado. He considered the document
very valuable. It was as well that there was no mention of the consequences of
German measles for the foetus, since that question was not clear from the
scientific point of view at present. Studies were being undertaken in Sweden
and other countries and many other questions required to be solved before WHO
could give practical advice on the preventive measures to be taken. Moreover,
he considered that many of the matters dealt with in the report were up to date.
He therefore proposed that the resolution read by the Chairman should be adopted.

Dr. MACKENZIE thought it would be wise to treat the present report as a
preliminary one and to defer publication until a second and fuller report was
available.

Dr. HURTADO, supporting Dr. Mackenzie's proposal, said that there was an
abundance of statistical data in Latin America which left no doubt about the
influence of German measles on the foetus. He cordially invited Dr. Hojer to
participate in the International Paediatric Congress which was to take place in
Havana in 1953, where he could discuss the question. He felt strongly that the report was too elementary to be of use to paediatricians and obstetricians in a country with a normal modern development in public hygiene.

Dr. VERHOESTRAETE, while agreeing with Dr. Hurtado that specific aspects in the realm of clinical medicine were not discussed, explained that the purpose of the expert committee had been merely to define the general rules for maternal care within the framework of health services; it had not aimed at a technical discussion on more specialized problems.

The DIRECTOR-GENERAL said that the list of members of page 4 showed the high standing of the experts concerned. They had been discussing the application of certain principles and it was not the function of such a committee to bring up to date all clinical knowledge on a specific subject. In view of the fact that they had given their services freely and had in most cases done a considerable amount of preparatory work for the session, they would naturally expect their report to be made available to public-health administrations throughout the world. If the report were not given recognition it would be difficult for WHO to call on their services on a future occasion.

Dr. PADUA proposed, in view of the Director-General's explanations, that the report should be published as a preliminary document.
Dr. ALLWOOD-PARDES was in favour of distribution of the report to governments as a guide in the preparation of their health programmes, but did not support its publication forthwith. A number of reports of expert committees required publicity, but, in the particular case of issue, the contents were of an administrative nature drawn up for the guidance of governments.

Dr. HOJER supported Dr. Padua's proposal.

Dr. VERHOESTRAETE, in reply to Dr. Paredes stressed the technical aspect of maternal care within the whole framework of public health. The fact that an expert committee had only given their views on certain administrative aspects did not mean that it was not an expert report.

Dr. GONZALEZ endorsed the views of Dr. Höjer and Dr. Padua, and supported the proposal for the publication of the report. It would be embarrassing for the Organization in its relations with the expert committee if its report were given different treatment to that of others. He recalled that a number of reports on first sessions of expert committees had been devoted to a general study of the particular problem at issue and administrative standards had been formulated which had later proved to be of great importance. For example the first report of the Expert Committee on Environmental Sanitation had been criticized as being too vague and lacking in specific recommendations. It had later been published and, in his own country at least, had been of great use to the health administration.
Dr. MACKENZIE withdrew his proposal that the report should not be published. He quoted the recommendation of the Standing Committee on Administration and Finance in connexion with the publication of expert committee reports in the Technical Report Series, namely that "the Board, in its consideration of the report of an expert committee, shall in future consider - quite apart from the question of its value in guiding the technical policies of the Organization and of Member Governments - the ends served by its publication in the Technical Report Series, with special reference to the general purpose and character of the report, the people to whom its recommendations are addressed, and its potential purchasers". Was the Board always under an obligation to publish a report for fear of hurting experts?

The DIRECTOR-GENERAL said that since the first report of an expert committee normally consisted of a general look at the field with which it was concerned, it would hardly seem appropriate that publication of the report should be postponed until certain specific aspects had been studied. Such an attitude might well result in successive postponements pending additional reports on other specific matters. It seemed to him that it should be published.

The CHAIRMAN summarised the discussion. Some members were opposed to printing, others were in favour of distribution to governments, a third group considered that the report should be labelled as preliminary but nevertheless published. The Director-General had outlined the necessity of printing the report because of future meetings of the Expert Committee to discuss more precise questions.

Decision: The Board agreed by 11 affirmative votes that the report should be published as a preliminary one.
6. REPORT OF THE EXPERT COMMITTEE ON THE INTERNATIONAL PHARMACOPOEIA
Item 17.6 of the Agenda (Document EB9/74)

Mr. BLANC, Chief, Pharmaceutical Section, Division of Therapeutic Substances, introduced the report of the ninth session of the Expert Committee on the International Pharmacopoeia. He said that the first edition of the Pharmacopoeia Internationalis, published simultaneously in English and French, had been circulated to all Member States, together with a statement showing the position of the International Pharmacopoeia vis-a-vis the national pharmacopoeia where such existed, and its possible position in countries where no international pharmacopoeia was yet in existence.

He drew attention to the recommendation in section 10.2, which would serve as a basis for continued negotiations with the International Union for the Protection of Industrial Property on measures to be taken for the protection of international non-proprietary names.

Another recommendation in the report concerned the termination of the Brussels Agreement and its replacement by a Protocol annexed to the report. Modifications to the draft Protocol were contained in document EB9/74 Add.1.

Page 12 of the report set forth the expert committee's proposals for the holding of a meeting on the control of pharmaceutical preparations to replace, for budgetary reasons, the large conference originally contemplated.

Dr. BRADY approved the proposals of the expert committee. He asked the Secretariat to keep Member States informed about the adoption by any country of the Pharmacopoeia Internationalis as a national pharmacopoeia.
Commenting on section 4.6, concerning new methods of analysis, he suggested that further consideration should be given to the matter in view of the legal implications which might arise because of the selection of several alternative methods.

Professor CANAPERIA made two points:
(1) Referring to section 4.3, he agreed that it was desirable that biological preparations of human blood should be included in the Pharmacopoea Internationalis.
(2) Section 4.4: a study should be made to determine the criteria for the standardization of surgical suture materials.

Dr. GONZALEZ asked for some indication as to when the Spanish translation of the Pharmacopoea Internationalis would be published.

Mr. BLANC, replying to the various questions raised, said:
(1) It was too early to indicate which countries were likely to adopt the Pharmacopoea Internationalis, although there were already indications that a number was going to do so and there was every reason to expect that a large number of countries would adopt its provisions.
(2) In regard to the legal implications which might arise between two different methods of analysis for the same blood, he observed that the Pharmacopoea Internationalis had not been presented in the form of regulations but as a recommendation that its provisions should be included in national pharmacopoeias.
(3) In regard to preparations of human blood, co-operation was already established with the Biological Standardization Committee to determine which preparations should be included in the Pharmacopoeia Internationalis.
(4) A report on suture materials would be submitted to the next session of the expert committee.

(5) As to the date of publication of the Spanish edition, the delay had been due to budgetary and other reasons. It was hoped to print the first edition shortly, and the second edition immediately after the publication of the French and English version.

The CHAIRMAN read the following resolution:

The Executive Board,

Considering resolution EB8.R41 concerning the protection of international non-proprietary names for drugs;

Noting that the Director-General has consulted with the Director of the International Union for the Protection of Industrial Property concerning the eventual amendment of Article 6 ter of the Convention signed in Paris on 20 March 1883, revised at Brussels on 14 December 1900, Washington 2 June 1911, the Hague 6 November 1925 and London 2 June 1934;

Considering that the said International Union for the Protection of Industrial Property is the competent intergovernmental international organization in the matter of the protection of trade and related names;

RECOMMENDS that the Director-General, in co-operation with the International Union for the Protection of Industrial Property, continue to develop measures for the legal protection in all countries of non-proprietary names for drugs adopted by the World Health Organization in order that such measures may be put into effect at such time as the Union Convention is revised.

Decision: The Board adopted the above resolution, expressing its appreciation of the work of the Expert Committee on the International Pharmacopoeia, and authorized publication of the report of the ninth session.
7. PROTOCOL TO TERMINATE THE BRUSSELS AGREEMENT OF 1906 AND 1929: Item 17.6.2 of the Agenda (Document EB9/74 Add.1)

Dr. KARABUDA introduced the following draft resolution:

The Executive Board,

Considering paragraph 3 of resolution EB8.R40 requesting the Director-General to prepare regulations, to be adopted in accordance with Article 21 (d) of the Constitution of the World Health Organization, in which the International Pharmacopoeia would be embodied and which would replace the 1929 Brussels Agreement,

Being of the opinion that termination of the Brussels Agreements of 1906 and 1929 would suffice for the time being, the International Pharmacopoeia consequently retaining its present status as a recommendation by the World Health Assembly;

REQUESTS the Director-General to take the steps necessary to conclude, between the States concerned, a Protocol to terminate the Brussels Agreement for the unification of pharmacopoeial formulas for potent drugs.

Decision: The Board adopted the above resolution.


Mr. BLANC drew attention to the recommendations of the Sub-Committee on Non-Proprietary Names concerning: (1) the preliminary protection of international non-proprietary names for a period of six months and (2) the introduction and selection of international non-proprietary names. In regard to (1), it was necessary to request the International Union for the Protection of Industrial Property to take steps to ensure that protection would be granted for a period of six months to the names selected by the sub-committee at its second session,
pending a search to make sure that the names chosen would not be in conflict with trade marks registered with the International Union.

The second recommendation concerned arrangements to be made by Member States in connexion with common names to be replaced by selected WHO names.

The CHAIRMAN read the two following resolutions:

**International Non-Proprietary Names and Conflicting Trade-Marks**

The Executive Board,

Considering that it is desirable that the International Non-Proprietary Names selected by the World Health Organization should not conflict with trade-marks deposited or registered throughout the world,

1. **RECOMMENDS** that the Director-General, in his discussions with the International Union for the Protection of Industrial Property on the protection of non-proprietary names for drugs, propose that arrangements be made for preventing these names being registered as trade-marks in any country signatory to the Union Convention signed at Paris, 20 March, 1883, revised at Brussels, 14 December, 1900, at Washington, 2 June 1911, at The Hague, 6 November 1925, and at London, 2 June 1934, for a period of six months after they have been sent to the Member States, and that a search be instituted during this period, through the International Union for the Protection of Industrial Property and other appropriate means, to ascertain that names selected as international non-proprietary names do not conflict with existing trade-marks.

**Non-Proprietary Names for Drugs**

The Executive Board,

Considering that until an international non-proprietary name has been adopted by Member States as the only official non-proprietary name for a given drug in the country, there will be in existence in some cases, besides the international non-proprietary name, the non-proprietary name chosen by the Pharmacopoeia Commission or other similar authority in the country;

Considering it desirable that this source of confusion should be eliminated so that there is only one official non-proprietary name for a drug existing in a country,
RECOMMENDS that Member States replace the names chosen by the Pharmacopoeia Commission or other similar authority by the international non-proprietary name selected by the World Health Organization;

FURTHER RECOMMENDS that the World Health Organization request national pharmacopoeia commissions and other bodies, prior to their taking a decision on Non-Proprietary Names for new drugs moving in international commerce thereon, to communicate their suggestions for such names to the World Health Organization for transmission to the Sub-Committee on Non-Proprietary Names, without prejudice to the eventual selection of a name by the Sub-Committee.

Decision: The Board expressed its appreciation of the work of the Sub-Committee on Non-Proprietary Names, adopted the above three draft resolutions, and authorized publication of the report of the Sub-Committee (WHO/Pharm/176)

9. REPORT OF THE EXPERT COMMITTEE ON CHOLERA, FIRST SESSION: Item 17.7 of the Agenda (Document EB9/68)

Dr. BIRAUD, Director, Division of Epidemiological Services, explained that the report submitted in document WHO/Cholera/24 concerned a session held in November 1951 in conjunction with the Cholera Consultative Committee of the Indian Medical Research Council. The report was essentially a technical one and had no immediate administrative or financial implications for WHO. The recommendations of the Expert Committee on Cholera were summarized in document EB9/68. In regard to the need for further studies on the serology of Vibrio cholerae, he explained that the question was of some importance in connexion with quarantine measures. On the completion of the studies in question, practical suggestions in this connexion would be submitted for the Board's consideration.
He indicated that a vibrio reference library was being established in India to serve as a centre for specialized research and investigation which might make a useful contribution to the advancement of knowledge in the field of cholera. The only immediate contribution from WHO would be fellowships to be granted to research officers from different countries for training in that laboratory.

The recommendation to reorient cholera control programmes through improvements in environmental sanitation might contribute towards the improvement of cholera endemic areas. Lastly, the expert committee had drawn attention to the need for further studies on cholera endemicity in particular on the role of the Hilsa fish, the distribution and biology of which appeared to be related to some extent to the spread of cholera.

Professor ALIVISATOS was of the opinion that it might be useful to study cholera in all its different forms, in particular in connexion with the purification of rivers, by cholera-plagues, the periodic change in vibrio-infectivity, etc., and from a bacteriological, physiological and serological aspect. He urged that a thorough study should be made of cholera-phages.

Dr. BIRAUD said that studies on cholera-plagues referred to by Dr. Alivisatos were already actively pursued in India and would be continued with the sponsorship and help of the Indian Medical Research Council.

Dr. PADUA asked whether the expert committee had considered the relative values of different vaccine preparations.
Dr. BIRAUD said that the expert committee had recommended the field use of General Sokhey's vaccine prepared with casein-hydrolysate which had given excellent results in animals. There had been no other recommendations on the point. He recalled that the question of the standardization of anticholera vaccine had been discussed by the Expert Committee on Biological Standardization, the conclusions being that cholera vaccines could not be standardized at the present stage: for instance, owing to differences in the size and antigenic properties of the various strains of the vibrios standardization could not be based on number of germs or opacity tests. It would appear that the vaccine developed and tested on animals by General Sokhey would, when observations on the protection conferred by the vaccine on humans in endemic countries were completed, provide the most useful method of immunization yet known.

Decision: The Board expressed its appreciation of the work of the Expert Committee on Cholera and authorized publication of its report on the first session.

The meeting rose at 5.30 p.m.